



EL123182159US

EXPRESS MAIL
UNITED STATES POSTAL SERVICE™

POST OFFICE TO ADDRESSEE

Customer Copy

ORIGIN (POSTAL USE ONLY)

PO ZIP Code <i>92626</i>	Day of Delivery <input checked="" type="checkbox"/> Next Day <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/> 100¢ FLAT RATE ENVELOPE
Date In <i>16.99</i>	<input checked="" type="checkbox"/> 2 Noon <input type="checkbox"/> 3 PM	Postage \$ 100¢
Time In <i>1640</i>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight <i>1.00 lbs</i>	Int'l Alpha Country Code <i>CA</i>	COD Fee <input type="checkbox"/> \$ 0.00
lbs. ozs.		Insurance Fee <input type="checkbox"/> \$ 0.00
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Total Postage & Fees \$ 100¢
Acceptance Clerk Initials <i>JK231</i>		

CUSTOMER USE ONLY

METHOD OF PAYMENT: *X901254-081862*

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) *314557-3800*

TO: (PLEASE PRINT) *314557-3800*

PHONE: *800-786-9199*

BLAKELY SOKULCE TAYLOR & ZAFMAN LLP
3200 PARK CENTER DR. STE. 700
COSTA MESA, CA 92626-7149

8102137

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FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov **USPS**

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is valid if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Weekend Holiday Customer Signature

TO: (PLEASE PRINT) **PHONE:** *800-786-9199*

BOX Patent Application
ASSISTANT COMMISSIONER
FOR THE PATENT
WASHINGTON DC 20231-9999

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